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PTO/SB/01 (10-00)

Customer # 24498

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number PU030096
First Named Inventor Scott Allan Kendall et al

COMPLETE IF KNOWN

Application Number /
Filing Date
Group Art Unit
Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS FOR CONTROLLING APPARATUSES HAVING AN EMERGENCY
ALERT FUNCTION**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)**March 30, 2004**

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/458,984	March 31, 2003	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> Correspondence address below	
Name		JOSEPH S. TRIPOLI			
Address		Thomson Licensing Inc.			
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PRINCETON		NJ		08543-5312	
Country		Telephone		Fax	
USA		(609) 734-6801		(609) 734 -6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname			
SCOTT ALLAN		KENDALL			
Inventor's Signature		Date			
		4/8/04			
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City		State		ZIP	
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NAME OF SECOND INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname			
JOHN DOUGLAS		MERRELL			
Inventor's Signature		Date			
		4-5-2004			
Residence: City		State		Country	
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City		State		ZIP	
Noblesville		Indiana		46060	
Country		US			
<input type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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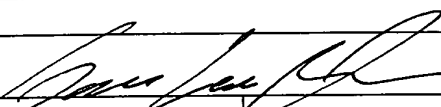
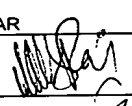
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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ROGER LEE		LINEBERRY	
Inventor's Signature <i>Roger Lee Lineberry</i>		Date <i>4-5-2004</i>	
Residence: City AVON	State INDIANA	Country US	Citizenship US
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
TIMOTHY JOSEPH		TULLY	
Inventor's Signature <i>Timothy Joseph Tully</i>		Date <i>4-5-04</i>	
Residence: City NOBLESVILLE	State INDIANA	Country US	Citizenship US
Mailing Address			
Mailing Address 19910 Wagon Trail Drive			
City Noblesville	State Indiana	Zip 46060	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
BRUCE WAYNE		SCHAFFER	
Inventor's Signature <i>Bruce Wayne Schaffer</i>		Date <i>4-13-04</i>	
Residence: City CARMEL	State Indiana	Country US	Citizenship US
Mailing Address			
Mailing Address 12360 Dellfield Boulevard			
City Carmel	State Indiana	Zip 46033	Country US

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Supplemental Sheet
Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
GAVIN LEE		JOHNSTON	
Inventor's Signature 		Date 4/8/04	
Residence: City INDIANAPOLIS	State INDIANA	Country US	Citizenship US
Mailing Address			
Mailing Address 116 W. 49th Street			
City Indianapolis	State Indiana	ZIP 46208	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
RAJEEV MADHUKAR		SAHASRABUDHE	
Inventor's Signature 		Date 04/06/04	
Residence: City FISHERS	State INDIANA	Country US	Citizenship INDIA
Mailing Address			
Mailing Address 12810 Patrick Court			
City Fishers	State Indiana	Zip 46038	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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